

Exhibit D
Highway Traffic Safety
MOBILIZATION REPORT FORM

CONTRACTOR: _____ CONTRACT NUMBER: _____

Please Check the Appropriate Mobilization Period Conducted by Your Agency:

Christmas - December 15, 2004 – December 31, 2004 _____

May Mobilization - May 23, 2005 – June 5, 2005 _____

Labor Day - August 19, 2005 – September 5, 2005 _____

ACTUAL DATES OF ACTIVITY: _____ through _____

Type of Ticket or Arrest	Number of Citations Written	Mobilization Overtime Hours
Specifically on DUI Enforcement		
Specifically on Belt Enforcement		
Combined DUI/Belt Enforcement		

TYPE OF OFFENSE	Number of Citations, Arrests or Warnings	Mobilization Period Overtime Hours
DUI Arrests		
Speeding Citations		
Speeding Warning		
Seat Belt Citations		
Child Restraint Citations		
Reckless Driving Citations		
No Proof of Insurance Citations		
Other Traffic Citations		
RELATED ACTIVITY		
Drug Arrests		
Other Felony Arrests		
Fugitives Apprehended		
Stolen Vehicles Recovered		
Driving with Suspended License		
Other		

After the enforcement period, compile agency totals to the degree possible, place on this form, and fax or mail this document to the State Highway Traffic Safety Office. FAX #: (406) 444-9409.

Reporting forms may also be submitted by e-mail to: agoke@state.mt.us

The Microsoft Word or Excel file of this form is available on our web site or can be emailed to you at your request.

PLEASE FAX OR E-MAIL WITHIN ONE WEEK AT THE END OF THE MOBILIZATION